



ALABAMA BOARD OF COSMETOLOGY

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REQUEST FOR MAILING LIST

**Check the category requested below and include Money Order, Cashier's or Business Check.
No Personal Checks accepted**

Type of Licenses: Please check all that are requested:

- | | |
|---|--|
| <input type="checkbox"/> Cosmetologists
(includes all license types) | <input type="checkbox"/> Cosmetology Salons |
| <input type="checkbox"/> Estheticians (includes all license types) | <input type="checkbox"/> Esthetician Salons |
| <input type="checkbox"/> Manicurists (includes all license types) | <input type="checkbox"/> Manicurist/Nail Tech Salons |
| | <input type="checkbox"/> Booth/Independent Contractors |

Type of List Desired: Please check appropriate box:

☐ Diskette: \$70 (3-1/2" IBM Excel Spreadsheet)

☐ E-mail File: \$60 (Excel Spreadsheet)

Name of Party Requesting List: _____

Mailing Address: _____
Street City State Zip

Contact person and phone number: _____

E-mail address if applicable: _____

ABOC USE ONLY

Ck# _____ Py Type _____

Fee _____ Lt Chg _____ Total _____

ACCT date _____ By _____

Date proc/ret _____ By _____

Note: _____